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CONFIRMATION NO.

7248

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FILING DATE

02/17/2000

APPLICATION NO. 09/506,246

TITLE OF INVENTION: PROCESS FOR LARGE-SCALE ISOLATION AND PURIFICATION OF HYPOTHALAMIC INHIBITORY FACTOR APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE \$700 12/13/2005 YES \$700 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** DELACROIX MUIRHEI, CYBILLE 1614 530-412000 Hamilton, Brook, Smith & 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Reynolds, P.C. (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE BION, INC. Cambridge, MA (1)THE GENERAL HOSPITAL CORP. Boston, MA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. XXIssue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2708 is attached.

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FIRST NAMED INVENTOR

Rex T. Gallagher

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